U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approvéd Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1864	2. Fiscal Year Covered From:
	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name John I Teague	Name Asbestos Workers Local 24
	Labor Organization File Number 619-363
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 901 Montgomery St	Street 901 Montgomery St
City Laurel	City Laurel
State Maryland ZIP Code + 4 20707	State Maryland ZIP Code + 4 20707
5. Position in labor organization.  Vice President	*
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclusion	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of ion represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the
Signed John J.	on 5-15-2006 (301) 725-2400
July July J. July J.	Date Telephone Number
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Name of Person Filing John Teague	File Number <b>U</b> -	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Asbestos Workers Local 24  Trade Name, if any: Joint Apprenticeship Fund  P.O. Box, Bldg., Room No., if any  Street 901 Montgomery St	a. Labor Organization b. Trust c. Employer	
City         Laurel           State         Maryland           ZIP Code + 4         20707	·	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Trains Local Union members in the insulation industry within the juridiction of Local 24	
P.O. Box, Bldg., Room No., if any		
Street		
· · · · · · · · · · · · · · · · · · ·	11.b. Approximate dollar value of such dealing.	
State ZIP Code + 4	Payments made to me and/or on my behalf for wages, medical and pension benefits, and reimbursements for expenses. Expenses include travel, meals and other pertinent expenses for duites as Trustee.	
	12.b. Amount. \$1,593	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:	·	
P.O. Box, Bldg., Room No., if any		
Street		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing John Teague	File Number U-	
Part B Continuation Page		
B. Held an interest in or derived income or economic benefit with monetary value or leasing to, or otherwise dealing with the business of an employer whose employed any part of which consists of buying from or selling or leasing directly or indirectly your labor organization is interested.	yees your labor organization represents or is actively seeking to represent, or	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	from to Trains	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		

11.b. Approximate dollar value of such dealing.12.a. Nature of interest held or income received.

12.b. Amount.

ZIP Code + 4

State